

**Advisory Council on Health Disparity and Health Equity
October 14, 2014 Meeting Minutes
Virginia Department of Health, 109 Governor Street, Richmond, Virginia 23219
Madison Building Mezzanine Conference Room & Via Polycom
11:00 a.m. - 2:00 p.m.**

Attendees: Elizabeth Locke, PhD, PT; Cecily Rodriguez; Linda Redmond, PhD ; Adrienne McFadden, MD, JD, FACEP, FAAEM, FCLM; Patti Kiger, Med (PhD); Theresa Teekah, MA, RN, MPH-C; Lucie Ferguson, PhD, MPH, RN

VIA Polycom: Susan Alford, BS, MBA; Kate S. K. Lim, MT, (ASCP), FACHE, CPHQ, CPHRM; Luisa F. Soaterna- Castaneda, BS, MPH; Beth O'Connor, M. Ed, BA

Absent: Gloria Addo-Ayensu, MD, MPH; Melissa Canaday, M.Ed; Sheila Trimiew-Johnson, BA; Emmanuel Eugenio, MD, FAAP

VDH: Karen Reed, MA, CDE; Augustine Doe, MS, MPA

Welcome

Dr. Elizabeth Locke opened the meeting and welcomed everyone; the attendees introduced themselves.

Adoption of Agenda

The October 14, 2014 meeting agenda was adopted as presented.

Approval of Minutes

The July 8, 2014 Advisory Council on Health Disparity and Health Equity (ACHDHE) meeting minutes were approved as submitted.

State Health Commissioner's Updates

Dr. Marissa Levine, State Health Commissioner discussed that Virginia Department of Health (VDH) is working one of the most pressing international public health issues, the Ebola epidemic in West Africa. Dr. Levine shared that people are fearful and there is a lot of misinformation circulating concerning Ebola. VDH staff is aware of the concerns of the West African communities in the state and recently held a meeting in Richmond to address concerns. Also, there was a possible Ebola case identified in Richmond on October 13, 2014. This individual was found not to have the Ebola virus.

Dr. Levine stressed the importance of providing accurate information to the public. Further, she shared that it is important to access information from reputable sources. She encouraged ACHDHE members to also share important information with their stakeholders.

EBOLA:

- Currently there is no vaccine or cure for Ebola.
- 8000 people have been identified with the disease in Liberia, Sierra Leone and Guinea along with a small outbreak in Nigeria that was contained.
- The three West African countries primarily affected by Ebola have no public health structure so it is difficult to control.
- Ebola is not an airborne disease and can only be caught through direct contact with an infected individual.
- Health care workers are at the greatest risk of catching this disease.
- The organization Physicians without Borders has a great deal of experience with Ebola and is sharing its expertise with the Center for Disease Control and Prevention (CDC). Their experience informs us that protective gear and stringent protocols will insulate care givers from infection. However, infection is possible if there is any breach in protection.
- Healthcare workers should follow CDC protocols.
- An individual infected with Ebola that **is not sick cannot** transmit the disease.
- Any individual exposed to Ebola should not be turned away from health care facilities.
- The incubation period for Ebola is twenty-one days.
- The general public is not at risk for Ebola.

In conclusion, Dr. Levine encouraged everyone to get the flu vaccination as we are entering the flu season. She stressed that it is important that people don't unnecessarily present with the symptoms of Ebola (fever, nausea, etc.) creating more stress on our health system.

ACHDHE members thanked Dr. Levine for the information shared and a member indicated that that she heard from nurses that they do not feel they have received enough training or protective gear.

- Dr. Levine responded that the CDC training reinforces infectious disease basics: isolation and precautions. ACHDHE member shared that Bon Secours has set up retraining sessions on protective supplies and are ordering supplies to ensure facilities are well equipped.
- ACHDHE member asked if there have been any pediatric cases identified in the US.
 - Dr. Levine said none at this time but if an infected adult returns to family with children, it's a real possibility.

- Dr. Levine said Virginia was proactive at looking at disease control laws which can be used to protect both the public and at risk individuals. She can issue orders of quarantine if an exposed individual is identified. She also said screening will be enhanced this Thursday at Dulles Airport.

PRESENTATIONS:

Presentation: “Community Health Workers Networks”

Presenter: Kayla Craddock, Chronic Disease Consultant, Office of Family Health Services, Virginia Department of Health discussed the Community Health Worker (CHW) Networks program. Below are some key points.

- VDH’s CHW program goal is to increase and strengthen community and clinical linkages to support the prevention, self-management and control of diabetes, hypertension, cancer, obesity and tobacco use.
- VDH is funding Community Health Worker Networks in nine health districts this year. Support includes funding a part time CHW coordinator who will offer training and tools to at least five volunteer CHWs in their district.
- The focus of the CHW’s work is the prevention and control of diabetes and hypertension. All 50 states have received funding to develop CHW network initiatives which seek to improve self management and to connect people with resources.
- The three domains of the Healthy Virginia initiative include: environment (increasing access to healthy food and physical activity), health systems (increasing use of team based care), and community and clinical linkages (engaging health care extenders where people live, learn, work, and pray).
- The Healthy Virginia initiative will encourage partnerships with health insurers, clinicians, health systems, and individuals.
- ACHDHE member asked about the qualifications of candidate CHWs and how they are selected
 - There are no requirements and the preference is that they are not health professionals. They must live in the community and attend training. Look at the interests and strengths of the candidate to make the best use of the individual. There is a background check and no funding may be used to pay the CHWs. There is funding to cover travel costs but much work is envisioned to be over the telephone and at resource centers.
- ACHDHE member asked about resources that are in place to work with ethnically diverse populations.
 - Translated materials, language access assistance and navigation tips. ACHDHE member cautioned that some promotoras may be leery of a background check.

Member suggested collect data on language groups served. It may be helpful to set aside a budget line item for interpretation to encourage outreach to LEP populations.

Presentation: “100 Congregations for Million Hearts®”

Presenter: Augustine Doe, Health Equity Specialist, Office of Minority Health and Health Equity (OMHHE), Virginia Department of Health discussed the 100 Congregations for Million Hearts® initiative outlining how organizations can become partners.

- The goal of the national Million Hearts initiative is to prevent one million heart attacks and strokes by 2017.
- The Million Hearts initiative challenges communities to bring together the community’s faith based organizations, healthcare systems, nonprofit organizations, federal agencies, and private-sector partners to fight heart disease and stroke.
- To Join Million Hearts a congregation must:
Designate a Million Hearts advocate to serve as a resource for heart health information. Any two of the 4 activities are required to participate.
 - Establish / strengthen relationships with local experts and resources (pharmacists, community health centers)
 - Disseminate messages about the importance of and action steps to hypertension control;
 - Promote Heart Health Mobile (an app that helps you determine and reduce your heart attack and stroke risk) and;
 - Distribute blood pressure tracking wallet cards

MEMBERS FEEDBACK/RECOMMENDATIONS: (* feedback received following the meeting)

- ACHDHE member suggested that information on the 100 Congregations for Million Hearts be shared with interfaith organizations in metro Richmond area and develop an outreach plan to all faiths.
- ACHDHE member suggested the dissemination of messages about the importance of and action steps to hypertension control.
- ACHDHE member indicated language barrier as a concern for the CHW program.

ACHDHE Proposed Study:

The Social Network Analysis study is no longer on the ACHDHE’s agenda because the member leading the study, Dr. Portia Cole, has resigned her membership from the council.

New Business

Memberships Status

Four ACHDHE members have left the council and in 2015 the terms of another four members will expire. Of the four that term will expire in 2015, one member is not eligible and three members are eligible for reappointments. In 2016, six more members' terms on the council will expire. ACHDHE members are encouraged to refer individuals for consideration on the council. The slates of potential ACHDHE members will be presented to the Commissioner by November 11, 2014.

ACHDHE Meeting Schedule

ACHDHE December 2014 meeting is cancelled. The next ACHDHE meeting will be on January 13, 2015.

ACHDHE Leadership Elections

October 14, 2014, is the last day for ACHDHE members to submit nominations for Chair and Vice Chair. These should be sent to Augustine Doe. The current chair automatically becomes the Chair Emeritus. Dr. Locke and Dr. Ferguson were thanked for their service and it was indicated that Dr. Locke served two terms as ACHDHE Chair and she will not be seeking nomination. Also, Dr. Ferguson is retiring from her work with Bon Secours and will not be on the council.

- **By October 15, 2014** – Augustine Doe will notify members if they are nominated.
- **By October 21, 2014** – Nominees will notify Augustine Doe if they are able and willing to serve in the nominated position.
- **By October 28, 2014** – Augustine Doe will compose ballot and send Nominated Officer Slate via Survey Monkey to all members to vote on officers.
- Last day for ACHDHE members to Vote is **November 4, 2014**.
- Officer Slate will be submitted to the Health Commissioner by **November 11, 2014**.
- New Officers will be introduced to ACHDHE Members at the **January 13, 2015**, meeting.

Announcement

- OMHHE Updates
 - The workforce program received a large number of scholarship applicants; applications increased by about 200% compared to last year.
 - September 1, 2014, J-1 applications program opened with 30 slots available.
 - State Rural Health Plan is being implemented. OMHHE has become very active with the Small Rural Hospitals and is collaborating with a national consulting organization. More information to follow.
 - OMHHE is embarking on the Million Hearts Initiative and has established new partnerships with the initiative. Council members are encouraged to give consideration to the 100 Congregations for Million Hearts Initiative. The initiative can be used to encourage healthy lifestyles in young people as a model for addressing chronic diseases over the life cycle of individuals.
 - National Rural Health day is November 20, 2014 and all are encouraged to celebrate our rural communities.

- Other Updates
 - Virginia Board for People with Disabilities (VBPD) has published its 2014 assessment of disability services in Virginia with chapters on Medicaid, transportation, early intervention, health, housing, education and general community support. The document is a great reference material and available to the communities for people of all ages. The document is available on the Virginia Board for People with Disabilities website as a whole document and chapters. CD copies of the document will be provided to members at the next ACHDHE meeting in January of 2015.
 - Virginia Rural Health Association annual conference is December 11-12, 2014, in Stanton, Virginia. The focus of the conference is addressing rural disparities and all are encouraged to attend.
 - On her last meeting as ACHDHE Chair, Dr. Locke thanked the members of the council for their dedication and support and State Health Commissioner, Dr. Marissa Levine for the leadership she brought to the council. Dr. McFadden and Ms. Reed were also thanked for their support. Augustine was also thanked for his assistance.
 - October 14, 2014, is the last day for ACHDHE members to submit nominations for Chair and Vice Chair. These should be sent to Augustine Doe. The current chair automatically becomes the Chair Emeritus. Dr. Locke and Dr. Ferguson were thanked for their service and it was indicated that Dr. Locke has served two terms as ACHDHE Chair and is not eligible for re-election. Also, Dr. Ferguson is retiring from her work with Bon Secours and will not be on the council.

ACHDHE Action Items

ACHDHE members will complete "Presentation Feedback" forms and send these to Augustine Doe at Augustine.Doe@vdh.virginia.gov within three days following the meeting.

Public Comment: None

The meeting was adjourned at 12:38 pm.

Next ACHDHE MEETING:

Date: January 13, 2015 Time: 11:00am – 2:00pm

Location: 109 Governor Street, Richmond, Virginia 23219 **and** via Polycom as requested.

Respectfully submitted by: Augustine Doe, Health Equity Specialist

Minutes reviewed by: Dr. Elizabeth Locke, Chair